

INCIDENT # 3004

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12.3.42DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS**UNDERGROUND STORAGE TANK**
Permanent Closure/Change-In-Service Checklist

DEC 02 1992

The purpose of this form is to certify the proper closure/change-in-service of underground storage tank (UST) systems. These activities must be conducted in accordance with Chapter 173.360 WAC. Washington State UST rules require the tank owner or operator to notify Ecology in writing 30 days prior to closure or change-in-service of tanks. This must be done by completing the 30 Day Notice form (ECY 010-155).

This Permanent Closure Checklist shall be completed and signed by a Licensed Decommissioning Supervisor. The supervisor shall be on site when all tank permanent closure/change-in-service activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities listed below have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping), except that UST systems at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of the completion of the closure or change-in-service.

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATIONSite Owner/Operator: Holnam, Inc.Owners Address: 5400 West Marginal Way S.W

Street

P.O. Box

Seattle

WA

98106

City

State

ZIP-Code

Telephone: (206) 937-8025

USEPA SF



1185479

Site ID Number (on invoice or available from Ecology if tank is registered) 93835Site/Business Name: [REDACTED]Site Address: 5400 West Marginal Way S.W

KING

Street

County

Seattle

WA

98106

City

State

ZIP-Code

2. TANK PERMANENT CLOSURE/CHANGE-IN-SERVICE PERFORMED BY:Firm: Lee Morse General Contractor, Inc. License Number: S000027Address: 11017 16th Ave S.W

Street

P.O. Box

Seattle

WA

98146

City

State

ZIP-Code

Telephone: (206) 241-8265Licensed Supervisor: Ron BerryDecommissioning
License Number: W000620

This page must be completed separately for each tank permanently closed (decommissioned) or change-in-service at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION

1. Tank ID Number (as registered with Ecology): 1 2. Year installed: 1966
3. Tank capacity in gallons: 1,000 4. Date of last use: _____
5. Last substance stored: Gasoline 6. Date of closure/change-in-service: 9-2-92
7. Type of closure: Closure with Tank Removal ☒ In-place Closure ☐ Change-in-Service ☐
8. If in-place closure is used, the tank has been filled with the following substance: _____
9. If change-in-service, indicate new substance stored in tank: _____
10. Local permit(s) (if any) obtained from: Seattle Fire Department
- Always contact local authorities regarding permit requirements.
11. Has a site assessment been completed? Yes ☒ No ☐

Unless an external release detection system is operating at the time of closure or change in service, and a report is provided as specified in WAC 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered with the Department of Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Checklist (ECY 010-158).

4. CHECKLIST

Each item of the following checklist shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has all liquid been removed from product lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has all product piping been capped or removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all non-product lines been capped or removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have all liquid and accumulated sludges been removed from the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the tank been properly purged or inerted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed permanent closure activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

11-6-92

Date

Ron Barry

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

11-6-92

Date

11-30-92

Date

[Signature]

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

[Signature]

Signature of Tank Owner or Authorized Representative

This page must be completed separately for each tank permanently closed (decommissioned) or change-in-service at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION

1. Tank ID Number (as registered with Ecology): 2 2. Year installed: 1966
3. Tank capacity in gallons: 1,000 4. Date of last use: _____
5. Last substance stored: Diesel 6. Date of closure/change-in-service: 9-2-92
7. Type of closure: Closure with Tank Removal ☒ In-place Closure ☐ Change-in-Service ☐
8. If in-place closure is used, the tank has been filled with the following substance: _____
9. If change-in-service, indicate new substance stored in tank: _____
10. Local permit(s) (if any) obtained from: Seattle Fire Department
11. Has a site assessment been completed? Yes ☒ No ☐

Always contact local authorities regarding permit requirements.

Unless an external release detection system is operating at the time of closure or change in service, and a report is provided as specified in WAC 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered with the Department of Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Checklist (ECY 010-158).

4. CHECKLIST

Each item of the following checklist shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has all liquid been removed from product lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has all product piping been capped or removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all non-product lines been capped or removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have all liquid and accumulated sludges been removed from the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the tank been properly purged or inerted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed permanent closure activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

11-6-92
Date

Pon Barry
Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

11-6-92
Date

11-30-92
Date

[Signature]
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

[Signature]
Signature of Tank Owner or Authorized Representative

This page must be completed separately for each tank permanently closed (decommissioned) or change-in-service at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK CLOSURE/CHANGE-IN-SERVICE INFORMATION

1. Tank ID Number (as registered with Ecology): 3 2. Year installed: 1976
3. Tank capacity in gallons: 1,000 4. Date of last use: _____
5. Last substance stored: Gasoline 6. Date of closure/change-in-service: 9-2-92
7. Type of closure: Closure with Tank Removal ☒ In-place Closure ☐ Change-in-Service ☐
8. If in-place closure is used, the tank has been filled with the following substance: _____
9. If change-in-service, indicate new substance stored in tank: _____
10. Local permit(s) (if any) obtained from: Seattle Fire Department
- Always contact local authorities regarding permit requirements.
11. Has a site assessment been completed? Yes ☒ No ☐

Unless an external release detection system is operating at the time of closure or change in service, and a report is provided as specified in WAC 173-360-390, a site assessment must be conducted. This site assessment must be conducted by a person registered with the Department of Ecology to perform site assessments. Results of the site assessment must be included with the Site Assessment Checklist (ECY 010-158).

4. CHECKLIST

Each item of the following checklist shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has all liquid been removed from product lines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has all product piping been capped or removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all non-product lines been capped or removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have all liquid and accumulated sludges been removed from the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the tank been properly purged or inerted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have the drop tube, fill pipe, gauge pipe, pumps and other tank fixtures been removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have all tank openings been plugged or capped? NOTE: One plug should have 1/8 inch vent hole.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have all sludges removed from the tank been designated and disposed of in accordance with the state of Washington's dangerous waste regulations (Chapter 173-303 WAC)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If removed, was tank properly labeled and disposed of in accordance with all applicable local, state and federal regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed permanent closure activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

11-6-92
Date

Ron Berry
Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

11-6-92
Date

[Signature]
Signature of Licensed Service Provider (firm) Owner or Authorized Representative

11-30-92
Date

[Signature]
Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK Installation Checklist

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

DEC 02 1992

003835

The purpose of this form is to certify the proper installation of underground storage tank (UST) systems. Installation shall be in accordance with Chapter 173.360 WAC. Washington State UST rules also require submittal of a Notification form (ECY 020-32) within 30 days of bringing any newly installed UST system into use.

This Installation Checklist shall be completed and signed by a Licensed Installation and Retrofitting Supervisor. The licensed supervisor shall be on site when all tank installation activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider. If any of the activities in section 4 have been supervised by a different licensed supervisor, a separate checklist must be filled out and signed by the licensed supervisor performing those activities.

All required tank and line tightness testing during and upon completion of UST system installation shall be separately certified by a licensed tightness testing supervisor on the Tightness Testing Checklist. All required installation and testing of cathodic protection systems upon completion of UST system installation shall be separately certified by a licensed cathodic protection supervisor on the Cathodic Protection Checklist. If the tank is pre-engineered for cathodic protection a corrosion expert is still required to design the field installation of any piping corrosion protection.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address within 30 days after completing the installation:

Underground Storage Tank Section, Department of Ecology, Mail Stop PV-11, Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Holnam, Inc.

Owners Address: 5400 West Marginal Way S.W

Street

P.O. Box

Seattle

WA

98106

City

State

ZIP-Code

Telephone: (206) 937-8025

Site ID Number (on invoice or available from Ecology if other tanks have been registered at this site): 003835

Site/Business Name: Holnam, Inc.

Site Address: 5400 West Marginal Way S.W

Street

KING
County

Seattle

WA

98106

City

State

ZIP-Code

2. TANK INSTALLATION PERFORMED BY:

Firm: Lee Morse General Contractor, Inc. License Number: S000027

Address: 11017 16th Ave S.W

Street

P.O. Box

Seattle

WA

98146

City

State

ZIP-Code

Telephone: (206) 241-8265

Licensed Supervisor: Jeff Dennison

Installation/Retrofitting W001256
License Number:

3. AS-BUILT SITE PLAN

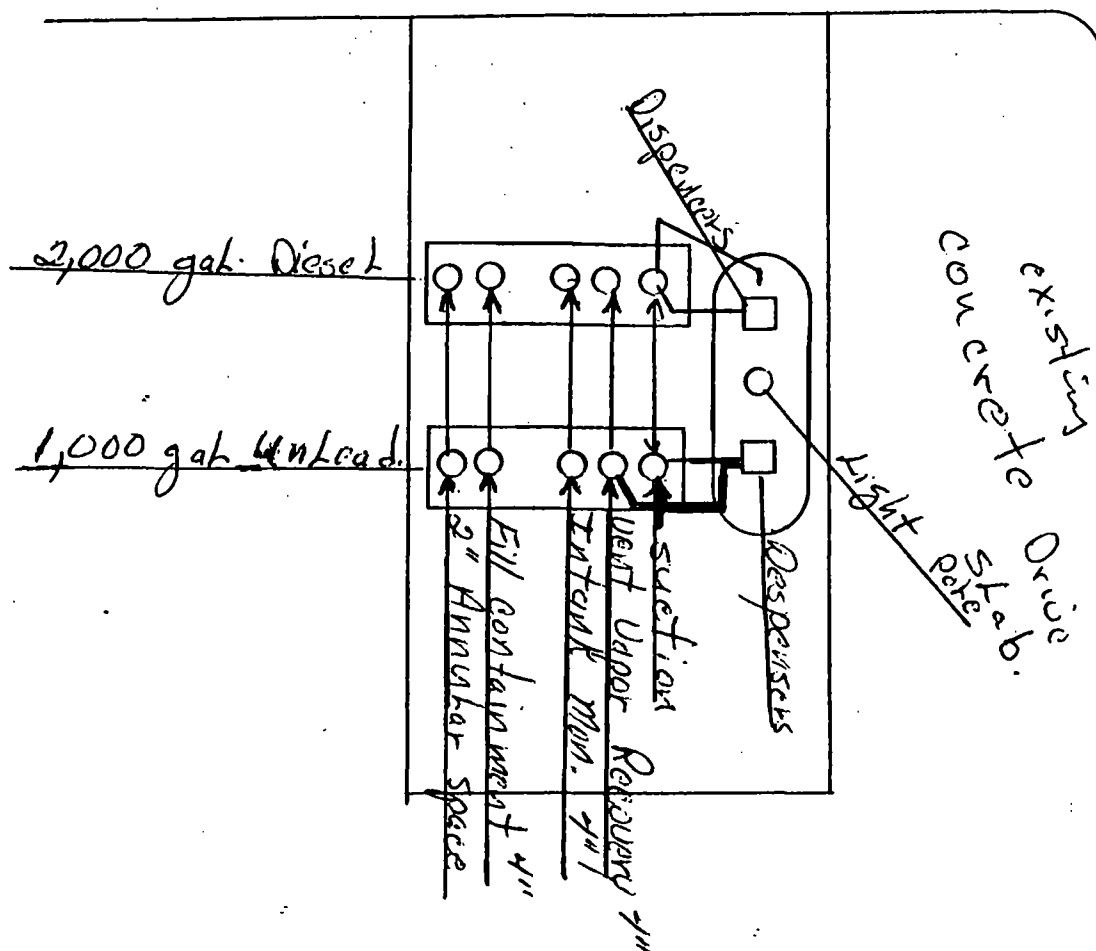
An as-built site plan of the tank and piping system installation must be shown in the space provided below. Show North arrow and nearest street(s). Indicate tank and piping dimensions and distances to adjacent structures and property lines. Show the location and configuration of the completed installation. Show adjacent structures. Indicate tank ID number for each tank shown. The tank ID should be the same tank ID number provided by the owner/operator on the Notification form.

Date installation was completed: _____

11-19-92

N
W E
S

B L P G



B L P G

Always contact local authorities regarding permit requirements.

4. CHECKLIST

Each item of the following checklist shall be initialed by the licensed supervisor whose signature appears below upon completion of work described in that item.

A. Preinstallation Inspection and Testing

	Yes	No	NA*
1. Have all damaged coating areas (holidays) been repaired with compatible coating according to tank manufacturer's recommendations?	X		
2. Have tank and piping fittings been checked for tightness?	X		
3. Has tank been air (soap) tested?	X		
4. If double walled tank, have inner tank and interstitial space been pressure tested in accordance with manufacturer's recommendations for double walled tanks?	X		
5. If steel tank(s), has any plastic wrapping over anodes been removed?		X	

B. Installation

1. Has bedding depth below tank(s) and piping been provided per code and manufacturer's requirements?	X		
2. Have cover depths above tank(s) and piping been provided per code and manufacturer's requirements?	X		
3. Have tanks been installed with spacing between tank(s) and sides of excavation per code and manufacturer's requirements?	X		
4. If concrete holddown pad is used, is bedding thickness between tank and holddown pad per code and manufacturer's requirements?			X
5. Does bedding and backfill material used meet all code and manufacturer's requirements?	X		
6. Has bedding and backfill material surrounding tank(s) and piping been placed per code and manufacturer's requirements?	X		
7. If hold down straps are used on steel tank(s), is tank electrically isolated from holddown strap?			X
8. If anchoring or supplemental holddown is required, has it been installed per code and manufacturer's requirements?			X
9. Has tank vertical deflection been measured and found within limits specified by manufacturer?	X		
10. Has all piping been installed per code and piping manufacturer's recommendations?	X		
11. Has all piping been pressure tested per code prior to backfilling and connection to the tank?	X		
12. Has electrical isolation of flanged metallic piping connections been verified?	X		
13. Prior to backfilling over steel tank has electrical isolation from all metallic piping and equipment been verified?	X		
14. Has overflow prevention and spill containment equipment been installed per code and manufacturer's recommendations?	X		
15. Have release detection systems been installed and calibrated per code and manufacturer's requirements?	X		

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed installation activities and to the best of my knowledge they have been conducted in compliance with all state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

11-18-92

Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

11-18-92

Date

11-30-92

Date

Signature of Licensed Service Provider (firm) Owner or Authorized Representative

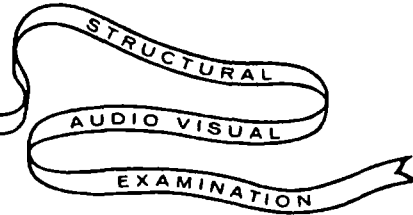
Signature of Tank Owner or Authorized Representative

OTTO ROSENAU & ASSOCIATES, INC.

CONSTRUCTION INSPECTION & TESTING

6747 M. L. King Way South • Seattle, WA 98118

(206) 725-4600 • Tacoma 627-4477 • Fax (206) 723-2221



REPORT OF TANK INSTALLATION

PROJECT: Holnam Inc.

PERMIT NUMBER:

ADDRESS: 5400 W. Marginal Way, Seattle

JOB NUMBER: 92-287

ARCHITECT:

ENGINEER:

CONTRACTOR: Lee Morse General Contracting, Inc.

INSPECTED AT: Job site

INSPECTOR
AND DATE

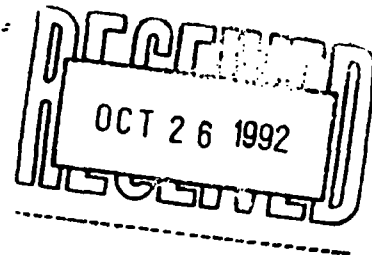
INSPECTOR'S REMARKS

F. Rose
10-20-92

At new fueling facility, pipes and tanks installed per revised plans. Two tanks instead of one divided and laying east-west instead of north-south. Tanks are bedded in 3/8" washed pea gravel. Five pound pressure test had been on for two days.

2000 gallon tank - ULJ363797

1000 gallon tank - ULJ363798



cc: Owner
Architect
Engineer
1-Contractor
Bldg. Dept.



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

RECEIVED

DEC 23 1992

DEPT. OF ECOLOGY

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

DEC 02 1992

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

INC # 3004

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:	Holnam, Inc.		
Owners Address:	5400 West Marginal Way SW		
	Street	P.O. Box	
	Seattle, WA 98106		
	City	State	ZIP Code
Telephone:	(206) 937-8025		
Site ID Number (on invoice or available from Ecology if tank is registered):	003835		
Site/Business Name:	Holnam, Inc.		
Site Address:	5400 West Marginal Way SW		
	Street	County	
	Seattle, Washington 98106		
	City	State	ZIP Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person:	Ken A. Beaulaurier		
Address:	200 South 333rd Street Suite 120		
	Street	P.O. Box	
	Federal Way WA 98003-6735		
	City	State	ZIP Code
Telephone:	(206) 838-7261		

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 1 2. Year installed: 1966
3. Tank capacity in gallons: 1,000 gallon 4. Last substance stored: Gasoline

4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- ☐ Investigate suspected release due to on-site environmental contamination
☐ Investigate suspected release due to off-site environmental contamination
☐ Extend temporary closure of UST system for more than 12 months
☐ UST system undergoing change-in-service
☐ UST system permanently closed-in-place
☒ UST system permanently closed with tank removed
☐ Required by Ecology or delegated agency for UST system closed before December 22, 1988
☐ Other (describe): _____

5. CHECKLIST

Each item of the following checklist shall be initialed by the person registered with the Department of Ecology whose signature appears below.

	Yes	No
1. Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has a release from the UST system been confirmed? <i>NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are the results of the site check/site assessment enclosed with this checklist? <i>NOTE: Two copies of the site check/site assessment results must be submitted to the Department of Ecology according to the reporting requirements specified in the UST site check/site assessment guidance.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*I hereby certify that I have been in responsible charge of performing the site check/site assessment described above.
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.*

11-5-92

Date

Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE

11-30-92

Date

Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

DEC 02 1992

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Holnam, Inc.

Owners Address: 5400 West Marginal Way SW

Street

P.O. Box

Seattle, WA 98106

City

State

ZIP Code

Telephone: (206) 937-8025

Site ID Number (on invoice or available from Ecology if tank is registered): 003835

Site/Business Name: Holnam, Inc.

Site Address: 5400 West Marginal Way SW

Street

County

Seattle, Washington 98106

City

State

ZIP Code

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person: Ken A. Beaulaurier

Address: 200 South 333rd Street Suite 120

Street

P.O. Box

Federal Way

WA

98003-6735

City

State

ZIP Code

Telephone: (206) 838-7261

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 2 2. Year installed: 1966
3. Tank capacity in gallons: 1,000 gallon 4. Last substance stored: Diesel

4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- ☐ Investigate suspected release due to on-site environmental contamination
☐ Investigate suspected release due to off-site environmental contamination
☐ Extend temporary closure of UST system for more than 12 months
☐ UST system undergoing change-in-service
☐ UST system permanently closed-in-place
☒ UST system permanently closed with tank removed
☐ Required by Ecology or delegated agency for UST system closed before December 22, 1988
☐ Other (describe): _____

5. CHECKLIST

Each item of the following checklist shall be initialed by the person registered with the Department of Ecology whose signature appears below.

	Yes	No
1. Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has a release from the UST system been confirmed? <i>NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are the results of the site check/site assessment enclosed with this checklist? <i>NOTE: Two copies of the site check/site assessment results must be submitted to the Department of Ecology according to the reporting requirements specified in the UST site check/site assessment guidance.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

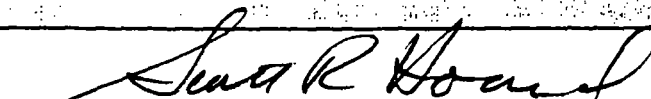
I hereby certify that I have been in responsible charge of performing the site check/site assessment described above. Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

11-5-92

Date


Signature of Person Registered with Ecology**6. OWNER'S SIGNATURE**11-30-92

Date


Signature of Tank Owner or Authorized Representative



UNDERGROUND STORAGE TANK Site Check/Site Assessment Checklist

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

DEC 02 1992

The purpose of this form is to certify the proper investigation of an UST site for the presence of a release. These activities shall be conducted in accordance with Chapter 173.360 WAC. A description of the various situations requiring a site check or site assessment is provided in the guidance document for UST site checks and site assessments.

This Site Check/Site Assessment Checklist shall be completed and signed by a person registered with the Department of Ecology to perform site assessments.

Two copies of the results of the site check or site assessment should be included with this checklist according to the reporting requirements in the guidance document for UST site checks and site assessments.

For further information about completing this form, please contact the Department of Ecology UST Program.

The completed checklist should be mailed to the following address:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator:	Holnam, Inc.		
Owners Address:	5400 West Marginal Way SW		P.O. Box
	Street		
	Seattle, WA 98106	State	ZIP-Code
	City		
Telephone:	(206) 937-8025		
Site ID Number (on invoice or available from Ecology if tank is registered):	003835		
Site/Business Name:	Holnam, Inc.		
Site Address:	5400 West Marginal Way SW		County
	Street		
	Seattle, Washington 98106	State	ZIP-Code
	City		

2. SITE CHECK/SITE ASSESSMENT CONDUCTED BY:

Registered Person:	Ken A. Beaulaurier		
Address:	200 South 333rd Street Suite 120		P.O. Box
	Street		
	Federal Way WA	State	98003-6735
	City		ZIP-Code
Telephone:	(206) 838-7261		

3. TANK INFORMATION

1. Tank ID Number (as registered with Ecology): 3 2. Year installed: 1976
3. Tank capacity in gallons: 1,000 gallon 4. Last substance stored: Gasoline

4. REASON FOR CONDUCTING SITE CHECK/SITE ASSESSMENT

Check one:

- ☐ Investigate suspected release due to on-site environmental contamination
☐ Investigate suspected release due to off-site environmental contamination
☐ Extend temporary closure of UST system for more than 12 months
☐ UST system undergoing change-in-service
☐ UST system permanently closed-in-place
☒ UST system permanently closed with tank removed
☐ Required by Ecology or delegated agency for UST system closed before December 22, 1988
☐ Other (describe): _____

5. CHECKLIST

Each item of the following checklist shall be initialed by the person registered with the Department of Ecology whose signature appears below.

	Yes	No
1. Has the site check/site assessment been conducted according to applicable procedures specified in the UST site check/site assessment guidance issued by the Department of Ecology?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has a release from the UST system been confirmed? <i>NOTE: Owners/operators must report all confirmed releases to the Department of Ecology or delegated agency within 24 hours.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are the results of the site check/site assessment enclosed with this checklist? <i>NOTE: Two copies of the site check/site assessment results must be submitted to the Department of Ecology according to the reporting requirements specified in the UST site check/site assessment guidance.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*I hereby certify that I have been in responsible charge of performing the site check/site assessment described above.
Persons submitting false information are subject to penalties under Chapter 173.360 WAC.*

11-5-92

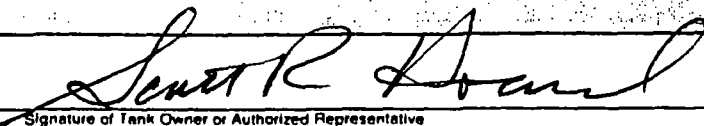
Date



Signature of Person Registered with Ecology

6. OWNER'S SIGNATURE11-30-92

Date



Signature of Tank Owner or Authorized Representative

Department of Ecology-NWRO

Underground Storage Tank
Notice of Confirmed Release

Update

Notification received by W. Moon Date 10-6-92
Reporter name Susan Glasby, Bison Env.
address 200 S. 333rd St #120 Fed Way 98003
phone no. 206 838 7261

UST#:

003835

INC#:

3004

Site name Holman Inc. site phone no. 937 8025
address 5400 W. Marginal Way SW
city Sea county King zip 98106

Site owner same owner's phone _____
owner's address _____
city _____ zip _____

Consultant company see above
name _____ phone no. _____

Other contact _____ phone no. _____
contact affiliation _____

Description of Incident

Material	# Tanks	Status/Date
gasoline.....	<u>2</u>	<u>1000 gal</u>
diesel	<u>1</u>	<u>1000 gal</u>
waste oil	_____	_____
heat fuel	_____	_____
_____	_____	_____
_____	_____	_____
Total number tanks: <u>3</u>		Cleanup Status _____

Comments Site was excavated to remove 3 tanks. Remediating contaminated soil on site. No GW encountered.

Date inspected _____ Investigator _____ Referred to _____

COORDINATOR: DOROTHY GLENN UNIQUE RECORD #: N10470 REGION: N

DATE/TIME REC'D: 10/01/92 15:34:00 REPORT TYPE: INITIAL

REPORTER'S NAME: SUSAN GLASBY BUSINESS NAME:
BISON ENVIRONMENTAL
ADDRESS: BEST TIME
OR ANONYMOUS: TO CALL:
WORK PHONE: (206)-838-7261 EXT. HOME PHONE:

DETAILS ON INCIDENT:

COUNTY: KING NEAREST CITY: SEATTLE
WATERWAY: N/A WRIA #:
LOCATION:

WEATHER: UNKNOWN TIDE:

DETAILS ON ALLEGED VIOLATOR:

NAME & ADDRESS: CONTACT'S NAME:
HOLMAN INC. PHONE NUMBER AND EXT:
5400 W MARGINAL WAY S.W.
SEATTLE WA 98106

VEHICLE INFORMATION:

DESCRIPTION OF CONTAMINANT: (PROVIDED BY REPORTER)

MEDIUM: SOIL
MATERIAL: OIL/PETROLEUM OTHER: GAS
QUANTITY: UNKNOWN
SOURCE: UST/LUST

COMMENTS: DURING TANK REMOVAL FOUND GAS CONTAMINATION AT 827 PPM. WILL
CONTINUE TO EXCAVATE.

REFERRED TO PROGRAM: TCP SECTION HEAD: GALLAGHER-LUST

EXTERNAL REFERRAL? (Y/N): N

IF EXTERNAL, WHAT AGENCY:

INVESTIGATION COMPLETED? (Y/N): N
IF YES, COMPLETE SECOND PAGE OF FORM.

CONTINUED ON PAGE 2